Application for Certification as an Eligible Energy Resource Under the Delaware Renewable Energy Portfolio Standard

1. Name of Facility
   Army Aviation Support Facility (AASF)

2. Facility Address
   33 Corporate Circle
   New Castle, DE 19720

   Is the facility located within the PJM control area? ☒ **Yes** ☐ **No**
   If No, does the Facility have import capabilities[1]? ☐ **Yes** ☐ **No**

3. Name of Owner
   HQ Del Army National Guard (Delaware Army National Guard - Dr. Susan Lewis)
   Mailing Address
   33 Corporate Circle
   New Castle, DE 19720

   Phone 302-326-7135 Fax _____

   Email susan.j.lewis12.nfg@mail.mil

4. Name of Operator
   Same as Owner
   Mailing Address
   _____
   _____

   Phone _____ Fax _____

   Email _____

[1] Documentation will be required to substantiate import capabilities into PJM

5. Name of Contact Person
   Same as Owner
   _____
   Mailing Address
   _____
   _____

   Phone_____ Fax _____

   Email _____

6. Name of REC/SREC Owner
   Same as Owner
   _____
   Mailing Address
   _____
   _____

   Phone_____ Fax _____

   Email _____

7. List all PJM-EIS GATS State Certification Numbers assigned to this facility:
   _____
   _____
   _____

8. Operational Characteristics:

   Fuel Types Used (check all that apply):

   ☐ Gas combustion from the anaerobic digestion of organic material

   ☐ Geothermal

   ☐ Ocean, wave or tidal actions, currents, or thermal differences

   ☐ Qualified Biomass[i]

   ☐ Qualified Fuel Cells[ii]

   ☐ Qualified Hydroelectric[iii]

   ☐ Qualified Methane Gas captured from a landfill gas recovery system[iv]

☒ Solar

☐ Wind

If co-firing, provide the formula on file with PJM Environmental Information Services, Inc. (PJM-EIS)_____

Rated Capacity (**in megawatts - DC**) .19788

If multiple fuel types are utilized, attach the formula for computing the portion of output per fuel type by megawatts per hour generated.

Facility **Final Approved Interconnection Date** 10/30/2017

If co-firing with fossil fuels, co-fire start date _____

If co-firing with fossil fuels, attach the allocation formula on file with PJM.

9. Is the Applicant's facility customer-sited generation[v]?
   ☒ Yes ☐ No

   Is the Applicant's facility a community owned generating facility[vi]?
   ☐ Yes ☒ No

   Can the output from the customer-sited generation be appropriately metered?
   ☒ Yes ☐ No

10. If the Applicant's installation is solar or wind sited in Delaware, is a minimum of 50% of the cost of the renewable energy equipment, inclusive of mounting components, manufactured in Delaware?

☐ Yes* ☒ No

CMI Solar & Electric, Inc.
Company Name of Installer

Lauren Donovan
Digitally signed by Lauren Donovan
DN: cn=Lauren Donovan, o=CMI Solar & Electric, Inc., ou, email=ldonovan@cmielectric.com, c=US
Date: 2017.11.29 09:17:06 -05'00'
Signature of Company Representative

83A Albe Drive Newark, DE 19702
Address

Lauren Donovan
Print Name of Company Representative

Address

***If Yes, please attach the following documentation**:

- A copy of the supplier's invoice showing Delaware manufactured equipment with this facility identified
  - If the supplier's invoice shows only a coded Purchase Order (PO) number, a copy of the company's matching PO that includes the address where the materials were used/installed, must also be supplied
  - If using a master invoice, a record of the draws against the purchased quantity, on the master invoice, must show the address of each use and the quantity of material used

11. If the Applicant's installation is solar or wind sited in Delaware:

    a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?
    ☒ Yes* ☐ No

    b. Does the installing company employ, in total, a minimum of 75% workers who are Delaware residents?

    ☐ Yes* ☒ No

CMI Solar & Electric, Inc.
Company Name of Installer

Lauren Donovan
Digitally signed by Lauren Donovan
DN: cn=Lauren Donovan, o=CMI Solar & Electric, Inc., ou, email=ldonovan@cmielectric.com, c=US
Date: 2017.11.29 09:17:27 -05'00'
Signature of Company Representative

83A Albe Drive Newark, DE 19702
Address

Lauren Donovan
Print Name of Company Representative

Address

***If Yes, please attach supporting documentation (see pages 7-8 for details). Please note, in order to qualify for the Labor/Workforce Bonus, at least one of the options (a. or b.) must be met.**

I, Lauren Donovan (print name) hereby certify under penalty of perjury that

1. I have made reasonable inquiry, and the information contained in this Application is true and correct to the best of my knowledge, information and belief.

2. I am authorized to submit and execute this Application and to bind myself and/or my company to the representations contained herein.

3. I /my company agree(s) to comply with and be subject to the jurisdiction of the Public Service Commission of the State of Delaware for any matters arising out of my submission of this Application or the granting of the Application.

4. In the event that any of the information contained in this Application changes pending the consideration of this Application or after the Application is granted, I/my company will amend the Application to provide the Commission with such changed information.

5. I acknowledge that if any of the representations made in this Application or in any amendment thereto are found to be untrue when made, I/the company may be subject to sanctions, including but not limited to monetary fines and/or the revocation of any Certificate granted as a result of the representations made in this Application.

Signature: Lauren Donovan

Digitally signed by Lauren Donovan
DN: cn=Lauren Donovan, o=CMI Solar & Electric, Inc., ou, email=ldonovan@cmielectric.com, c=US
Date: 2017.11.29 09:18:11 -05'00'

Date: 11/28/2017

Required Documentation:

- If the facility is customer-sited generation, attach a copy of the utility's **Final Approved Interconnection Agreement**

- One copy of U.S. Department of Energy, Energy Information Administration Form EIA-860, if rated capacity is >1.0 MW

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[i] "Qualified Biomass" means electricity generated from the combustion of biomass that has been cultivated in a sustainable manner as determined by Delaware Department of Natural Resources and Environmental Control (DNREC), and is not combusted to produce energy in a waste to energy facility or in an incinerator.

[ii] "Qualified Fuel Cells" means electricity generated by a fuel cell powered by Renewable Fuels, as that term is defined in Section 1.0 of the Rules and Procedures to Implement the Renewable Energy Portfolio Standard, Delaware Public Service Commission Regulation Docket No. 56.

[iii] "Qualified Hydroelectric" means electricity generated by a hydroelectric facility that has a maximum design capacity of 30 megawatts or less from all generating units combined that meet appropriate environmental standards as determined by DNREC.

[iv] "Qualified Methane Gas" means electricity generated by the combustion of methane gas captured from a landfill gas recovery system; provided, however, that:

1. Increased production of landfill gas from production facilities in operation prior to January 1, 2004 demonstrates a net reduction in total air emissions compared to flaring and leakage;
2. Increased utilization of landfill gas at electric generating facilities in operation prior to January 1, 2004 (i) is used to offset the consumption of coal, oil, or natural gas at those facilities, (ii) does not result in a reduction in the percentage of landfill gas in the facility's average annual fuel mix when calculated using fuel mix measurements for 12 out of any continuous 15 month period during which the electricity is generated, and (iii) causes no net increase in air emissions from the facility; and
3. Facilities installed on or after January 1, 2004 meet or exceed 2004 Federal and State air emission standards, or the Federal and State air emission standards in place on the day the facilities are first put into operation, whichever is higher.

[v] "Customer-sited Generation" means a generating unit that is interconnected on the end use customer's side of the retail electricity meter in such a manner that it displaces all or part of the metered consumption of the end-use customer.

[vi] "Community-owned Energy Generating Facility" means a renewable energy generating facility that has multiple owners or customers who share the output of the generator, which may be located either as a stand-alone facility or behind the meter of a participating owner or customer. The facility shall be interconnected to the distribution system and operated in parallel with an electric distribution company's transmission and distribution facilities.

Documentation Required for Delaware Labor/Workforce Bonus

11. If the Applicant's installation is solar or wind sited in Delaware:

    a. Was the facility physically constructed or installed with a workforce that consists of at least 75% Delaware residents?

If you answered yes to "a." above, complete the following as evidence.

The following individuals (list every employee) were employed by

CMI Solar & Electric, Inc.

Installation Company Name

as direct labor (physical construction and installation) for this facility: (Attach additional sheets if necessary)

Please complete the following information for all individuals listed above:

Name	Home Address City, State only (As per Tax Withholding)	Social Security Number (Last 2 digits only)
Andrew Faulkner	Wilmington, DE	xxx-xx-xx62
Bryan Kreer	Newark, DE	xxx-xx-xx40
Daniel Meyers	Wilmington, DE	xxx-xx-xx87
John Allen	New Castle, DE	xxx-xx-xx92
Marco Almeida	Cherry Hill, NJ	xxx-xx-xx32
Robert McConaghie	Wilmington, DE	xxx-xx-xx71
Michael Robinson	Newark, DE	xxx-xx-xx24
Zachary Sulecki	Newark, DE	xxx-xx-xx12

Total Delaware Resident Employees: 7 **Total Number of Employees:** 8

% of Delaware Residents (Delaware Residents Divided by Total Employees): 88%

Documentation Required for Delaware Labor/Workforce Bonus

11. If the Applicant's installation is solar or wind sited in Delaware:

    b. Does the installing company employ, in total, a minimum of 75% of workers who are Delaware residents?

If you answered yes to "b." above, complete the following as evidence:

_____

Installation Company Name

employed the following individuals (list EVERY employee on the payroll during the period from project start date until project completion date). Projects are considered complete upon final interconnection approval to operate. (Attach additional sheets if necessary)

Project Start Date:_____ Project Complete Date:_____

Employee Full Name	Home Address City, State Only (As per Tax Withholding)	Social Security Number (Last 2 digits Only)

Total Delaware Resident Employees:_____ Total Number of Employees:_____

% of Delaware Residents (Delaware Residents Divided by Total Employees): _____

DELAWARE LEVEL 2, 3, & 4 INTERCONNECTION APPLICATION/AGREEMENT

With Terms and Conditions for Interconnection
For a Level 2, 3, & 4 Review of Small Generator Facilities Less than or Equal to 10 MW
(Net Energy Metering up to 2 MW)

The Green Power Connection™ Team
Delmarva Power
A PHI Company
(866) 634-5571 - Phone
gpc-north@pepcoholdings.com
Mailing Address: 5 Collins Drive, Mail Stop 84CP22, Carneys Point, NJ 08069

(Send applications via Email or Mail to DPL, GPC Team)

DELAWARE STANDARD AGREEMENT FOR INTERCONNECTION OF SMALL GENERATOR FACILITIES WITH A CAPACITY GREATER THAN 10 kW AND LESS THAN OR EQUAL TO 10 MW[1]

This agreement ("Agreement") is made and entered into this 23 day of May 2017 by and between HQ Del Army National Guard, (''Interconnection Customer,'') a StateAgency[2] organized and existing under the laws of the State of Delaware, and Delmarva Power & Light Company, (''Electric Distribution Company", (EDC)) a Corporation existing under the laws of the State of Delaware. Interconnection Customer and EDC each may be referred to as a ''Party,'' or collectively as the ''Parties.''

Recitals:

Whereas, Interconnection Customer is proposing to, install or direct the installation of a Small Generator Facility, or is proposing a generating capacity addition to an existing Small Generator Facility, consistent with the Interconnection Request completed by Interconnection Customer on 10/19/2017; and

Whereas, the Interconnection Customer will operate and maintain, or cause the operation and maintenance of the Small Generator Facility; and

Whereas, Interconnection Customer desires to interconnect the Small Generator Facility with EDC's Electric Distribution System.

Now, therefore, in consideration of the premises and mutual covenants set forth herein, and other good and valuable consideration, the receipt, sufficiency and adequacy of which are hereby acknowledged, the Parties covenant and agree as follows:

1. Scope and Limitations of Agreement

1.1. This Agreement shall be used for all approved Level 2, Level 3 and Level 4 Interconnection Requests according to the procedures set forth in the Delaware Standard Small Generator Interconnection Rules, Title 26 - Public Utilities – Chapter 10. Electric Utility Restructuring §1014.

1.2. This Agreement governs the terms and conditions under which the Small Generator Facility will interconnect to, and operate in Parallel with, the EDC's Electric Distribution System.

1.3. This Agreement does not constitute an agreement to purchase or deliver the Interconnection Customer's power.

[1] Applicable for non-inverter based units less than 10 kW. Up to 2 MW for Net Energy Metering.
[2] Choices: Individual, Sole Proprietorship, Partnership, Corporation, Limited Liability Company, Municipal Agency, State Agency, Federal Agency, or Non-Profit.

EDC's Operating Representative: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

10.4. Changes to the Notice Information: Either Party may change this notice information by giving five business days written notice prior to the effective date of the change.

11. **Signatures**

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their respective duly authorized representatives.

For the Interconnection Customer:

Signature: HQ Del Army National Guard 05/23/

Name: HQ Del Army National Guard

Title: Energy Manager

Date: 05/23/2017

For EDC:

Signature: LaKeisha Harris Digitally signed by lakeisha.harris2@exeloncorp.com DN: cn=lakeisha.harris2@exeloncorp.com Date: 2017.10.30 10:24:34 -04'00'

Name: Lakeisha Harris

Title: Acct Rep

Date: 10/30/2017

delmarva power
A PHI Company

PART 1

DELAWARE LEVEL 2, 3, & 4 INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection

(Review of Small Generator Facilities Less Than or Equal to 10 MW[3])

(Application & Conditional Agreement – to be completed prior to installation)

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Name: HQ Del Army National Guard

Mailing Address: 33 Corporate CIR

City: New Castle State: DE Zip Code: 19720

Contact Person/Authorized Agent (If other than above): Dr. Susan Lewis

Mailing Address (If other than above): 33 Corporate CIR New Castle DE 19720

Telephone (Daytime): (302) 326-7135 (Evening): _____

Fax Number: _____ E-Mail Address (Required): susan.j.lewis12.nfg@mail.mil

Alternate Project Contact Information: (if different from Customer-Generator above)

Alternate Name: Lauren Donovan

Mailing Address: 83 Albe DR A

City: Newark State: DE Zip Code: 19702

Telephone (Daytime): (302) 731-5556 (Evening): (302) 824-3918

Fax Number: _____ E-Mail Address: ldonovan@cmielectric.com

If an email is provided for your alternate contact, that contact will receive all email communications.

FACILITY INFORMATION

Facility Address: 33 Corporate CIR

City: NEW CASTLE State: DE Zip Code: 19720

DPL Account #: 50008046893 Meter #: X8D036396521 (Required by DPL)

Current Annual Energy Consumption (optional): 514300 kWh

Check if this Facility (building) is, or is going to be, NEW CONSTRUCTION: ☐

[3] Up to 2 MW for Net Energy Metering.

Requested Procedure Under Which to Evaluate Interconnection Request:[4]
Please indicate below which review procedure applies to the interconnection request.

☒ **Level 2 -** Certified interconnection equipment with an aggregate electric nameplate capacity less than or equal to 2 MW. Indicate type of certification below. (Application fee amount is $50 plus $1 per KW).

- ☒ Lab certified - tested to IEEE 1547.1 and other specified standards by a nationally recognized testing laboratory and is appropriately labeled.
- ☐ Field approved – identical interconnection has been approved by an EDC under a Level 4 study review process within the prior 36 months of the date of this interconnection request.

☐ **Level 3 –** Small generator facility does not export power. Nameplate capacity rating is equal to less than 50KW if connecting to area network or equal to or less than 10 MW if connecting to a radial distribution feeder. (Application fee amount is $100 plus $2 per KW).

☐ **Level 4 –** Nameplate capacity rating is less than or equal to 10 MW and the small generator facility does not qualify for a Level 1, Level 2 or Level 3 review or, the small generator facility has been reviewed but not approved under a Level 1, Level 2 or Level 3 review. (Application fee amount is $100 plus $2 per KW, to be applied toward any subsequent studies related to this application).

Field Approved Equipment:
If the field approved equipment box is checked above, please provide the estimated completion date in the section that follows, then sign the application and return it with the following information that is required for review of Level 2 field approved small generator facilities:

- A copy of the certificate of completion for the previously approved small generator facility,
- A written statement indicating that the interconnection equipment being proposed is identical, except for minor equipment modification, to the one previously approved.

Note: You do not have to complete the rest of the application if field approved equipment is being proposed.

Intent of Generation:

☒ Net Meter (Unit will operate in parallel and will export power pursuant to the Net Energy Metering Rider)
☐ Aggregated Net Meter (Unit will operate in parallel and will export power pursuant to the Aggregated Net Energy Metering Rider)
☐ Community Energy Facility (Unit will operate in parallel and will export power pursuant to the Community Energy Facility Rider)
☐ Cogeneration and Small Power Production (Qualifying Facility – Rate X or Rate EP)
☐ Wholesale Market Transaction (Unit will operate in parallel and participate in PJM market(s) pursuant to a PJM Wholesale Market Participation Agreement)
☐ Offset Partial Load (Unit will operate in parallel, but will not export power at any time to EDC)
☐ Back-up Generation (Units that temporarily parallel for more than 100 milliseconds) (Note: Backup units that do not operate in parallel for more than 100 milliseconds do not need an interconnection agreement.)

[4] **Note:** Descriptions for interconnection review categories do not list all criteria that must be satisfied. For a complete list of criteria, please refer to the Delaware Standard Small Generator Interconnection Procedures, Title 26 - Public Utilities – Chapter 10. Electric Utility Restructuring §1014.

Estimated Commissioning Date: 07/02/2017

Energy Source: Solar PV Prime Mover: Photovoltaics

Type of Application: Initial ☒ Addition/Upgrade ☐ [5]

Initial Rating: DC Generator Total[6] Nameplate Rating: 197.88 (kW),
AC Inverter Total[7] Rating 227.6 (kW),
AC System Design Total Capacity[8]: 227.6 (kW) 227.6 (kVA)

Added Rating (**if upgrade**): DC Generator Total Nameplate Rating: _____ (kW),
AC Inverter Total Rating _____ (kW),
AC System Design Total Capacity: _____ (kW) _____ (kVA)

Total Rating (**if upgrade**): DC Generator Total Nameplate Rating: _____ (kW),
AC Inverter Total Rating _____ (kW),
AC System Design Total Capacity: _____ (kW) _____ (kVA)

Generator (or PV Panel) Manufacturer, Model #[9]: Hanwha Q.Plus L-G4.2 340

A copy of Generator nameplate and Manufacturer's Specification Sheet may also be submitted

Number of Generators (or PV Panels): 582

Type of Tracking if PV: Fixed ☒ Single Axis ☐ Double Axis ☐

Array Azimuth: 206 ° Array Tilt: 10, 20 °

Shading Angles at E,120°,150°,S,210°,240°,W: _____ ° (Separate with commas)

Inverter Manufacturer[10]: ABB Model Number(s) of Inverter [11]: (1)Trio-27.6, (4)Trio-50

Number of Inverters[12]: 5 Inverter Type: Forced Commutated ☐ Line Commutated ☒

Ampere Rating: _____ $Amps_{AC}$, Number of Phases: ☐ 1 ☒ 3

Nominal Voltage Rating: _____ V_{AC}, Nominal DC Voltage: _____ V_{DC},

Power Factor: _____ %,Frequency _____ Hz, Efficiency: _____(%)

DPL Taggable, Lockable, Accessible Disconnect[13]: ☒ Yes ☐ No,

If Yes, Location: Next to Meter

One-line Diagram Attached (Required): ☒ Yes ☐ No,

Site Plan Attached (Required): ☒ Yes ☐ No

Do you plan to export power?[14] ☐ Yes ☐ No, If Yes, Estimated Maximum: _____ kW_{AC}

Estimated Gross Annual Energy Production: _____ kWh

[5] Initial if first time generator request. Addition/Upgrade if this is an add-on to a previously approved system.
[6] Sum of all generators or PV Panels
[7] Sum of all inverters
[8] This will be your system design capacity based upon your unique system variables.
[9] If more than one type, please list all manufactures and model numbers.
[10] If more than one manufacture, please list all.
[11] If more than one model number, please list all.
[12] Attach additional sheets as necessary in the event of multiple inverters of various types/sizes
[13] This is strongly recommended by the utility. Best practice is to have an externally accessible, lockable, disconnect with visible open/close connection and to have appropriate signage on the disconnect, such as 'Solar PV AC Disconnect' (preferably red) and on the meter housing 'Caution, Solar Electric System'" (preferably yellow). If the disconnect is not in the immediate vicinity of the meter, please include the disconnect location on the meter signage. This enables the utility and first responders to more quickly deal with an emergency situation.

Is the inverter IEEE/UL1741 lab certified? Yes ☒ No ☐
(If yes, attach manufacturer's cut sheet showing listing and label information from the appropriate listing authority, e.g. UL 1741 listing. If no, facility is not eligible for Level 1 Application.)

Does the Customer own their own transformer, but primary service is from DPL? ☐Yes ☐No
If yes, complete the following electric service information for customer facility where generator will be interconnected:

Capacity: _____ Amps Voltage: _____ Volts
Type of Service: ☐ Single Phase ☐ Three Phase
If 3 Phase Transformer, Indicate Type
Primary Winding ☐ Wye ☐ Delta ☐ Grounded Wye
Secondary Winding ☐ Wye ☐ Delta ☐ Grounded Wye
Transformer Size: _____ kVA Impedance: _____ %

Generator & Prime Mover Data (if applicable):
Energy Source: Solar PV Energy Converter Type: _____
Generator Size(s) (kW or kVA): _____ Number of Generator Units: _____
Total Electrical Generation Capacity (kW or kVA): _____
Generator Type: ☐ Induction ☐ Inverter ☐ Synchronous ☐ Other: _____

Small Generator Facility Information (if applicable):
List interconnection components/system(s) to be used in the Small Generation Facility that are lab certified (required for Level 2 Interconnection requests only).

Component/System	NRTL Providing Label & Listing
1.	
2.	
3.	
4.	
5.	

Please provide copies of manufacturer brochures or technical specifications

Energy Production Equipment/Inverter Information:
☐ Synchronous ☐ Induction ☐ Inverter ☐ Other _____
Rating: _____ kW Rating: _____ kVA
Rated Voltage: _____Volts
Rated Current: _____Amps
System Type Tested (Total System): ☐ Yes ☐ No; attach product literature

For Synchronous Machines: (Note: Contact EDC to determine if all the information requested in this section is required for the proposed small generator facility.)
Manufacturer: _____
Model No. _____ Version No. _____
Submit copies of the Saturation Curve and the Vee Curve

[14] Yes, if your expected maximum output of the inverter (kW AC) is greater than the lowest load you anticipate at your facility during maximum PV output (kW). The difference would be the amount you may export.

☐ Salient ☐ Non-Salient
Torque: _____ lb-ft Rated RPM: _____ Field Amperes: _____ at rated generator voltage and current and _____% PF over-excited
Type of Exciter: _____
Output Power of Exciter: _____
Type of Voltage Regulator: _____
Locked Rotor Current: _____ Amps Synchronous Speed: _____ RPM
Winding Connection: _____ Min. Operating Freq./Time: _____
Generator Connection: ☐ Delta ☐ Wye ☐ Wye Grounded
Direct-axis Synchronous Reactance: (Xd) _____ohms
Direct-axis Transient Reactance: (X'd) _____ohms
Direct-axis Sub-transient Reactance: (X"d) _____ohms
Negative Sequence Reactance: _____ ohms
Zero Sequence Reactance: _____ ohms
Neutral Impedance or Grounding Resister (if any): _____ ohms

For Induction Machines: (Note: Contact EDC to determine if all the information requested in this section is required for the proposed small generator facility.)
Manufacturer: _____
Model No. _____ Version No. _____
Locked Rotor Current: _____ Amps
Rotor Resistance (Rr)_____ohms Exciting Current _____Amps
Rotor Reactance (Xr) _____ohms Reactive Power Required: _____
Magnetizing Reactance (Xm) _____ohms _____VARs (No Load)
Stator Resistance (Rs) _____ohms _____VARs (Full Load)
Stator Reactance (Xs) _____ohms
Short Circuit Reactance (X"d) _____ohms
Phases: ☐ Single ☐ Three-Phase
Frame Size: _____ Design Letter: _____ Temp. Rise: _____^{o}C.

Reverse Power Relay Information (Level 3 Review Only):
Manufacturer:_____
Relay Type: _____Model Number:_____
Reverse Power Setting:_____
Reverse Power Time Delay (if any):_____

ADDITIONAL INFORMATION

DC Source / Prime Mover:
Rating: _____ kW Rating: _____ kVA
Rated Voltage: _____Volts
Open Circuit Voltage (If applicable): _____Volts
Rated Current: _____Amps
Short Circuit Current (If applicable): _____Amps

EQUIPMENT INSTALLATION CONTRACTOR Owner (Customer) Installed: ☐Yes ■No

Contractor Name: CMI Solar & Electric, Inc.

Mailing Address: 83 Albe DR A

City: Newark State: DE Zip Code: 19702

Contact Person: Lauren Donovan

Telephone (Daytime): (302) 731-5556 (Evening): (302) 824-3918

Fax Number: (302) 731-4021 E-Mail Address (Required): ldonovan@cmielectric.com

ELECTRICAL CONTRACTOR

Electrical Contractor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Telephone (Daytime): _____ (Evening): _____

Fax Number: _____ E-Mail Address: _____

License number: _____

INSURANCE DISCLOSURE

The attached terms and conditions contain provisions related to liability and indemnification, and should be carefully considered by the interconnection customer. The interconnection customer is not required to obtain general liability insurance coverage as a precondition for interconnection approval; however, the interconnection customer is advised to consider obtaining appropriate insurance coverage to cover the interconnection customer's potential liability under this agreement.

CUSTOMER SIGNATURE

I hereby certify that: 1) I have read and understand the terms and conditions which are attached hereto by reference and are a part of this Agreement; 2) I hereby agree to comply with the attached terms and conditions; and 3) to the best of my knowledge, all of the information provided in this application request form is complete and true. I consent to permit the PSC and interconnecting utility to exchange information regarding the generating system to which this application applies.

Interconnection Customer Signature: HQ Del Army National Guard 05/23/ Date: 05/23/2017

Printed Name: HQ Del Army National Guard Title: Energy Manager

delmarva power
A PHI Company

PART 2

DELAWARE LEVEL 2, 3, & 4 INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection
(Review of Small Generator Facilities Less than or Equal to 10 MW[15])

(Final Agreement –must be completed after installation and prior to interconnection)

Certificate of Completion[16]

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Name: HQ Del Army National Guard

Mailing Address: 33 Corporate CIR

City: New Castle State: DE Zip Code: 19720

Telephone (Daytime): (302) 326-7135 (Evening): _____

Fax Number: _____ E-Mail Address: susan.j.lewis12.nfg@mail.mil

FACILITY INFORMATION

Facility Address: 33 Corporate CIR

City: NEW CASTLE State: DE Zip Code: 19720

DPL Account #: 50008046893 Meter #: X8D036396521 (Required by DPL)

Energy Source: Solar PV Prime Mover: Photovoltaics

Inverter Type: Forced Commutated ☐ Line Commutated ■ Number of Inverters: 5

Inverter Manufacturer: ABB Model Number(s) of Inverter: (1)Trio-27.6, (4)Trio-50.0

Rating

DC Generator Total[17] Nameplate Rating: 197.88 (kW),
AC Inverter Total[18] Rating 227.6 (kW),
AC System Design Total Capacity[19]: 227.6 (kW) 227.6 (kVA)

Generator (or PV Panel) Manufacturer, Model #: Hanwha Q.Plus L-G4.2 340

[15] Up to 2 MW for Net Energy Metering.
[16] Information entered here on Certificate of Completion (Part 2) must match part 1
[17] Sum of all generators or PV Panels
[18] Sum of all inverters
[19] This will be your system design capacity based upon your unique system variables.

EQUIPMENT INSTALLATION CONTRACTOR Owner (Customer) Installed: ☐ Yes ☒ No

Name: CMI Solar & Electric, Inc.

Mailing Address: 83 Albe DR A

City: Newark State: DE Zip Code: 19702

Contact Person: Lauren Donovan

Telephone (Daytime): (302) 731-5556 (Evening): (302) 824-3918

Fax Number: (302) 731-4021 E-Mail Address: ldonovan@cmielectric.com

FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE

The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.

Signed: Dr. Susan Lewis 10/19/2017 Date 10/19/2017

(Signature of interconnection customer)

Printed Name: Dr. Susan Lewis

Check if copy of signed electric inspection form is attached (required) ☒

Check if copy of as built documents is attached (projects larger than 10 kW only) ☒

……..

ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION ***(for EDC use only)***

The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC:

Electric Distribution Company waives Witness Test? *(Initial)* Yes (LH) No (_____)
If not waived, date of successful Witness Test: _____ Passed: *(Initial)* (_____)

EDC Signature: Lakeisha Harris Digitally signed by lakeisha.harris2@exeloncorp.com DN: cn=lakeisha.harris2@exeloncorp.com Date: 2017.10.30 10:24:17 -04'00' Date: 10/30/2017

Printed Name: Lakeisha Harris Title: Acct Rep

First State Inspection Agency, Inc.
1001 Mattlind Way
Milford, DE 19963

1-800-468-7338
302-422-3859

Dale W. Davis
CMI Electric, Inc.
83A Albe Drive
Newark, DE 19702

CERTIFICATE

Final Inspection Date:	10/16/17
Application #:	040305
Owner:	HQ DEL Army Natl. Guard
Customer Job #:	WO21368
Occupancy:	197.88 KW Solar
Location:	33 Corporate Circle, New Castle, New Castle, DE

This certifies that the installation of electrical equipment listed on referenced application has been approved as meeting the requirements of the National Electric Code, utility, municipalities and Agency rules. Any modification, addition or alteration of the electrical system, after the date of final inspection, will require a new application for inspections and certifications.

Chief Electrical Inspector

F.S. CERT

FSIA-4